Name in Full: Thomas H. T. Brice

CERTIFICATE OF DEATH

MARYLAND

Died at: Betterton — Town: [illegible] — County: Kent

Date of death: Month: Dec — Day: 21 — Years: 72 — Months: 6 — Days:

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Fisherman — Where Residing if not at place of death: — —

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Joseph Brice — Father's Birthplace: Md

Mother's Maiden Name: Mariah Tilden — Mother's Birthplace: ..

Name of person giving information: Horace Brice — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Cardiac Asthma — How long:

79

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis P. Atwell M.D.

Address: Still Pond md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Still Pond

Name in Full: Lulu M. Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Millington — County: Kent

Date of death 1904: Month: Dec — Day: 31 — Age: Years: 20 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Kent Co

Occupation: Housework — Where Residing if not at place of death: At home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Henry Brooks — Father's Birthplace: Talbot Co. Md.

Mother's Maiden Name: Rachel Hynson — Mother's Birthplace: Maryland

Name of person giving Information: Henry Brooks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Tuberculosis — How long: one year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Townsend M.D.

Address: Millington Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Presented to sub Reg of L. Bd of Health Jan 2nd 1895 - for Burial Permit

J. L. Smith

Name in Full

Certificate of Death

James. Brown.

Died at Town: Alms House. County: Kent. MARYLAND

Date 189 1907. Month: Dec. Day: 20.

Age Y. 70 M. — D.

Native of md.

Occupation Farmer

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name Unknown.

Mother's Name Unknown.

Cause of Death: Primary Epileptic Fits 23

How long sick All his life

Immediate Pneumonia 2 days.

Accident, Suicide, Homicide

Reported by Chas. O. Whelan, M.D.

Address Rectortown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73708

buried at
Alms House

Name in Full: Laura V B Cole

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Chestertown (County) Kent

Date of death 1904 (Month) Dec (Day) 8 (Years) Age 48 (Months) (Days)

Sex: Female | Color or Race: White | Birthplace: Talbot Co Md

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Nathan P Cole

Father's Name: Alexander Blades | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: N. P. Cole | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia, Colaps | How long: 10 days

Immediate: Oedema of Lungs | How long: Several hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Annie Augusta Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town Georgetown Fairlee; County Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month Dec.	Day 26	Age Years 72	Months 8	Days
Sex Female	Color or Race Black		Birthplace Kent Co. Md		
Occupation Housework	Where Residing if not at place of death				
Married, ~~Single or Widowed~~ Married	Name of ~~Wife~~ or Husband William H. Cooper				
Father's Name Thomas Reed			Father's Birthplace Kent Co Md		
Mother's Maiden Name Sarah —			Mother's Birthplace Kent Co. Md		
Name of person giving Information W. H. Cooper			How related to deceased Husband		

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Nephritis	How long 2 years
Immediate exhaustion	How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. H. W. Smith
	Address Fairlee
Accident or Suicide?	

LIBRARY BUREAU A88616

Name in Full

Alfred. Cotton

Certificate of Death

Town

County

Died at Asylum House. Kent. MARYLAND

Month Day Y. M D

Date 1904. Dec. 2. Age 68. Native of Md. Occupation Hand.

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ Widower ~~Divorced~~ ~~Number of children living~~ none

Husband of Wife

Father's Name Unknown. Mother's Name Unknown.

Cause of Death { Primary Paralysis How long sick 3 days

Immediate Exhaustion

Accident, Suicide, Homicide

Returned by Chas. W. Whaland. MD

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7970R

remind at
above house

Name in Full: Ethel Mabel Crossley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Dec; Day: 4; Year: 1904; Age: Years: 2; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Chestertown Md

Occupation: —; Where Residing if not at place of death: died at home

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nathan B. Crossley; Father's Birthplace: Queen Ann Co. Md

Mother's Maiden Name: Nona White; Mother's Birthplace: " " "

Name of person giving In formation: Nona Crossley; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pseudo-Membranous Laryngitis; How long: 48 hours

Immediate: Laryngeal Stenosis - Asphyxia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Dodd

Address: Chestertown, Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Joseph A Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Davis Hill — County: Kent

Date of death: Month: Dec — Day: 25 — Year: 1904

Age: Years: 6 — Months: 9 — Days: —

Sex: male — Color or Race: Black — Birthplace: Kent Co Md

Occupation: — — Where Residing if not at place of death: Davis Hill

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: George Davis — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Carrie Lee — Mother's Birthplace: Kent Co Md

Name of person giving Information: George Davis — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 6 weeks

Immediate: Peritonitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Irvin Barwick

Address: Kennedyville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: William Andrew Dawson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sandy Bottom (County) Kent

Date of death 1904 (Month) Dec (Day) 4 Age (Years) — (Months) 5 (Days) —

Sex Male Color or Race Colored Birthplace Kent Co Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name or Wife or Husband —

Father's Name Highley Dawson Father's Birthplace Kent Co Md

Mother's Maiden Name Alvada Trusty Mother's Birthplace " "

Name of person giving In formation Highley Dawson How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Not Known no Dr attending How long

Immediate Supposed to be Whooping Cough How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician F. M Satterfield Jr. DR

Address Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Isaac L Dwyer

Died at — Town: Worton — County: Kent

Date of death 1904 — Month: Dec — Day: 18

Age — Years: 24 — Months: 1 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Kent Co Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Bessie Irons

Father's Name: John A. Dwyer — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Maggie Heins — Mother's Birthplace: Kent Co Md

Name of person giving information: John A Dwyer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Tuberculosis — How long: One year.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H Kersey

Address: Hanesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Stile Pond

Name in Full: Lonza P. Foreman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fairlee — County: Kent

Date of death 1 90 — Month: Dec. — Day: 28 — Age — Years — Months — Days: 15

Sex: Male — Color or Race: White — Birthplace: Near Fairlee

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Lonza P. Foreman — Father's Birthplace: Worton Md

Mother's Maiden Name: Martha Boyd — Mother's Birthplace: Worton Md

Name of person giving Information: Lonza Foreman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (Asthenic Form) — How long: 5 days

Immediate: exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ingrid M. Smith

Address: Fairlee Md

Accident or Suicide?

LIBRARY BUREAU A66616

Union

Dodd

Name in Full: Jervis F. H. Hynson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Dec; Day: 30; Age: Years: 53; Months: 1; Days: 22

Sex: Male; Color or Race: Colored; Birthplace: Kent Co

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: Jervis Hynson; Father's Birthplace: Kent Co

Mother's Maiden Name: Mary Baker; Mother's Birthplace: Kent Co

Name of person giving information: Kate Cann; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary congestion; How long: 2 weeks

Immediate: Cardiac failure; How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: John Lynch

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Chestertown — County: Kent

Date of death: Month: Dec — Day: 12 — Year: 1904 — Age: Years: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Talbot Co

Occupation: Pump maker — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: John Lynch Jr — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral regurgitation — How long:

Immediate: Syncope — How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: Lasidenia Mc. Cain

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Chestertown — (County): Kent

Date of death: 1904 — Month: Dec — Day: 6th — Age: Years 19 — Months 3 — Days 6

Sex: Female — Color or Race: Colored — Birthplace: Kent Co

Occupation: Housegirl — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel Mc Cain — Father's Birthplace: North Carolina

Mother's Maiden Name: Mollie Ann Hynson — Mother's Birthplace: Q.A. Co Md

Name of person giving In formation: Sam'l Mc Cain — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute miliary tuberculosis — How long: 3 months

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: W. T. Simpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Mikel Wachowec

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent

Date of death	Month	Day	Years	Months	Days
1904	Dec	18	Age —	—	1

Sex: Male — Color or Race: White — Birthplace: Rock Hall Md

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband:

Father's Name: Mikel Wachowec — Father's Birthplace: Germany

Mother's Maiden Name: Vergie Jankouskis — Mother's Birthplace: Maryland

Name of person giving Information: Mikel Wachowec — How related to deceased: Farther

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Instrumental Delivery — How long: 24 hours

Immediate: Inflamantion Brain — How long: '

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D R Wilson

Address: Edesville Kent County Md.

[redacted]

LIBRARY BUREAU A86516

Name in Full: Martha Augusta Nickerson

CERTIFICATE OF DEATH

MARYLAND

Died at Chestertown — County: Kent

Date of death 190X — Month: Dec — Day: 26 — Age: Years 62 — Months 3 — Days 5

Sex: Female — Color or Race: White — Birthplace: Caroline Co Md

Occupation: Housewife — Where Residing if not at place of death: Kent Co Md

Married, Single or Widowed: Married — Name of Wife or Husband: Jane Nickerson

Father's Name: William Sutler — Father's Birthplace: Md

Mother's Maiden Name: Martha Sanders — Mother's Birthplace: Md

Name of person giving information: Catharine Nickerson — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malignant disease of Pylorus 40 — How long: 2 years

Immediate: Exhaustion. Inability to swallow. — How long: 3w 4d

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W Frank Harris MD

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A66616

Kennedyville

Dodd